

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038917

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 5409

STATE FILE NUMBER

FILED NOV 1 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City

Length of stay in 1b

43 yrs

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Research Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)  
412 W. 70th St. Terrace

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Michael

Middle

T.

Last

Reardon

4. DATE OF DEATH

Month

Day

Year

October 23, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-4-1902

## 9. AGE (last birthday)

60

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

## 10b. KIND OF BUSINESS OR INDUSTRY

Drug Store

## 11. BIRTHPLACE (City and state or country)

Plattsburg, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Timothy B. Reardon

## 13b. MOTHER'S MAIDEN NAME

Mary T. Walsh

## 14. NAME OF HUSBAND OR WIFE

Virginia E. Reardon

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Wife, 412 W. 70th Terrace, K. C. Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Uremia

## INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Malignant Essential Hypertension

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Probable Cerebral Arterial Thrombosis 12 days

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from Death occurred at

October 12 1962 to Oct 23 1962

and last saw him alive on Oct 22 1962

## 22a. SIGNATURE

Paul R. Ferris

## (Degree or title)

MD

## 22b. ADDRESS

6400 Prospect Ave Kansas City 32 Mo

## 22c. DATE SIGNED

10-24-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

10-25-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Olivet

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Melody-McGilley-Eylar, 20 W. Linwood K.C. Mo.

## 25. DATE RECD. BY LOCAL REG.

10-24-62

## 26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Paul R. Ferris MEDICAL CERTIFICATION

to Carl Ferris  
EM 3-2288  
6400 Prospect  
NOW - ROOM 316

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elmer L. Duckman

Licensed Embalmer No. 5120

P. O. Address Ke 11, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.